

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-9-05</u>		2 Serial/Patent # <u>10/522701</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input checked="" type="checkbox"/>	Other <u>Fee Code Correction</u>			\$ 100.00							
		7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>			0	2	--	2	1	3	5
0	2	--	2	1	3	5					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Fee Code Correction</u>											
<u>1632 to 1642</u>											
<u>\$500 to \$400</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>B. Campbell</u>		TITLE: _____									
SIGNATURE: <u>BAC</u>		PHONE: <u>66/69/2035</u> <u>BLM/DRL</u>									
OFFICE: <u>PCT/PO/EO</u>		62/03/2005 OFFICE: <u>6020099</u> <u>DEC105</u> <u>10021</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: